

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025620

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
FILED JUL 8 1962

548

1979

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WEBSTER GROVES

Length of stay in 1b

45 YEAR

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 927 N. ELM

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST LOUIS

c. CITY
OR TOWN

WEBSTER GROVES

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

927 N. ELM

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WILLIAM TAYLOR

4. DATE
OF DEATHJUNE 30th 1962

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3/19/1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FULLMAN PORTER RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

PORTER

11. BIRTHPLACE (City and state or country)

LITTLE ROCK ARK.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

MAYMIE TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give year or dates of service)

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

M. Maymie Taylor

Address

927 N. Elm

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Atherosclerosis Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 1962 to June 1962 and last saw him alive on June 30th

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J.W. Howard

(Degree or title)

M.D.

22b. ADDRESS

5701 Caron Rd

22c. DATE SIGNED

7-4-62

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

Burial

23b. DATE

July 6, 1962

23c. NAME OF CEMETERY OR CREMATORY

Fletcher Dickerson

23d. LOCATION (City, town, or county)

Crestwood Mo

(State)

24. FUNERAL DIRECTOR

J.S. Spudis 2300 E. 23rd

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-5-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.